**Direct Debit Form**

|  |
| --- |
| **CLIENT DETAILS** |
| Business Name  |  |
| ACN |  |
| Name of Main Contact |  | Position |  |
| Email  |  | Phone  |  |
| Mobile |  | Fax  |  |
| **DIRECT DEBIT AUTHORITY**  |
| Name of Account |  |
| Name of Bank |  |
| BSB Number |  | Account Number |  |
| I authorise and request that HR Assured arrange for periodic funds to be debited from the nominated account listed above in accordance with the following terms:

|  |  |  |
| --- | --- | --- |
| Amount | Description | Date |
|  |  |  |
|  |  |  |

 |
| Signature |  |
| Name |  | Date |  |
| Signature (if joint signatory to account) |  |
| Name |  | Date |  |

HR Assured Pty Ltd

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